VIVISECTION

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SCIENCE OR SHAM

Roy Kupsinel,M.D. Explodes The Myth of Animal Research and Its Value To Human Health

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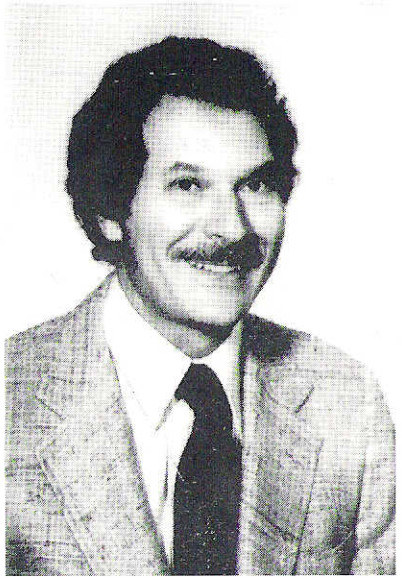

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PRISM (People for Reason in Science and Medicine) is dedicated to healing the planet through knowledge of the interconnectedness of all life, advocacy of peaceful cooperation with nature, the use of sustainable resources, health promoting diets and lifestyles and non-exploitative, benign science and technology.

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The abolition of vivisection has been chosen as a primary goal because it is scientifically and medically invalid, harmful to consumers, taxpayers and the environment, and morally unjustifiable. The misleading and confusing data obtained through live animal experimentation makes humans the real guinea pigs, contributes to the toxic overload that threatens the existence of life on the planet, leads to vivisection of humans, and inevitably, to vivisection of the planet.

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WOULD YOU TAKE A DRUG THAT KILLED 1000 CATS?

Do you believe that if a drug tested on an animal is dangerous for the animal ,then it will also be dangerous for you? If you do, then you probably would not want to take these commonly used drugs.

- **ASPIRIN** and **TYLENOL** - kill cats
- **PENICILLIN** - kills guinea pigs
- **ADVIL**and **MOTRIN** - cause severe gastric problems in dogs
- **DRISTAN** - is harmful to cats
- **EYEDROPS** - can cause blindness in animals

Yet allegedly they help humans.

And if you believe that drugs tested on animals and found safe for them will also be safe for you, then you would probably feel safe using the following:

- **PCP** - a horse tranquilizer
- **POISONOUS MUSHROOMS** - safe for rabbits
- **PRUSSIC ACID** - safe for porcupines
- **ARSENIC** - safe for sheep
- **CYANIDE** - safe for owls

Yet these are very dangerous for humans.

There are drugs that have been "thoroughly tested" on animals and found safe for them, yet have injured and killed people. Some of these drugs include Thalidomide, which caused over 10,000 birth defects, and DES, which caused cancer and birth defects. And there are treatments that have helped humans that were delayed or almost overlooked because they didn't work on animals in the laboratory. They include Cycloserine, used for the treatment of tuberculosis, and the Cage Ball Valve, used to correct heart valve defects.

The scientific community, however, continues to assure us that vivisection is responsible for the medical treatments we use today and for the breakthroughs of tomorrow. In the following pages Dr. Kupsinel will provide some information you should have so that you can make up your own mind about whether you wish to support veterinary based medical and product safety research. But in order to make up your mind, you need ***all the facts,*** not just the rosy reports you're continually fed by the vivisection lobby. Perpetuation of this form of research for its own monetary benefit rather than the enhancement of your health is its motivation.

In the following pages Dr. Kupsinel will explain:

- **the fraud of vivisection**
- **who wants you to support it and why**
- **why vital information is withheld from you**
- **the differences between animals and you that make veterinary based research invalid**
- **how commonly used drugs and treatments were really discovered**
- **how vivisection damages your health**
- **research that really helps you**
- **what you can do to stop vivisection.**

WHAT DOES "VIVISECTION" MEAN, AND HOW DID IT START?

"Vivisection" means literally "to cut living tissue", human or animal. It's the scientific term for veterinary based research and can include invasive or non-invasive studies. Invasive research consists of any type of cutting, puncturing or injection into the living body. It could include surgery, dissection, injection of human diseases to create "animal models" of human diseases or the forcing of noxious foods or substances into body openings. Non invasive experiments could consist of psychological testing wherein mental stress or anxiety can be inflicted, to deprivation of food, water, oxygen or other necessities of life.

Universities, hospitals and private laboratories use many species of animals, including primates, dogs, cats, rabbits, pigs, goats, birds, fish and even horses, although the most widely used in biomedical research are mice and rats. Commercial businesses use animals for testing household and industrial products and cosmetics, and government agencies use them for toxicity testing and for weapons, radiation and space program studies. The use of animals as substitutes for humans started because of the religious prohibitions against the dissection of human corpses. By the time these taboos were lifted, the practice had become entrenched in scientific and educational circles in the western world, rising from just a few animals a year to an estimated 100 million in the U.S. alone today. Their use is currently increasing at about 6% a year worldwide.

WHY ARE YOU OPPOSED TO VIVISECTION?

The most important reason is because it's bad science, producing a lot of misleading and confusing data which poses hazards to human health. It's also a waste of taxpayer dollars to take healthy animals out of their natural environment and artificially and violently induce diseases in them that they normally wouldn't get, or which occur in different form, when we already have the sick people who can be studied while they're being treated.

Clinical doctors, who work directly with sick people, have stated time and again that diseases must be studied as they occur spontaneously in the human organism. Experimentalists want to recreate disease in the laboratory with animals which react differently from humans. Much of this research is used to create drugs to combat illness, and since the medical community is well aware ahead of time that these drugs will have dangerous side effects, it needs to determine just what kinds of dangers they pose, allegedly through animal tests.

Drug and technology oriented health care go hand in hand with vivisection so that animal tests can create the illusion that drugs are safe. Animal tests wouldn't be needed for non-toxic therapies such as dietary changes. Drug-oriented doctors and vivisection lobbyists threaten that if these drugs and technologies aren't tested on animals first, they might prove dangerous for us in the future. And we should think carefully about that. If a proposed "cure" is more dangerous to us than the disease, then we should be concerned about the proposed "cure" in store for us.

There are safer alternatives to drugs and surgery. For instance, many degenerative diseases can be reversed by removing excess protein and fat from the diet and through fasting (abstaining from food for short periods of time under medical supervision). Absorption of cataracts (rather than surgery) and cures for arthritis, diabetes, cardiovascular diseases, and most other degenerative diseases, can be accomplished this way, but would cut deeply into doctor-drug and vivisection profits. Drug-oriented

product testing. Boycott all products tested on animals and tell their manufacturers why you are doing so.

You must no longer accept the pious, bogus claims that vivisection is necessary for medical advancement. You must realize that the products of medical science are consumer products after all, *and you have a right to question them* just as you have the right to question the products of farmers or tire makers. You don't have to be a farmer or a tire maker to question their products, just like you don't have to be a weatherman to see that it's raining outside. And you don't have to be a scientist to criticize science. Because we physicians and scientists have your respect, it is too easy for you to accept what we say on faith rather that facts. Don't be intimidated by the medical mumbo jumbo we often use to intimidate you and make you believe that you can't ever understand or question the methods used by our ivory tower "priesthood". You have a right to reject vivisection. Use it.

EDITOR'S NOTE:

We hope by now you understand that animal tests are completely worthless; affording consumers no protection from toxic substances.

REPLACEMENTS FOR VIVISECTION

Mechanical models and simulators to teach and test. Simulators already exist for the heart and circulatory system, lungs and respiratory system, and funding should be encouraged for the design of simulators for the rest of the human body.

Surveys of diseases of other cultures, life styles, diets; human case studies, autopsy reports and statistical analyses of effects of various factors on the incidence of disease.

Human volunteers can be paid to participate in controlled studies of diets, vitamins and conditions that affect the rate of disease.

Audio visual aids can be used for teaching medical students.

Centralization of existing human data to provide easier access to results of the above mentioned research that have been and will be done.

In-vitro tests using human cells cultured in petri dishes or test tubes: Test substances are applied to the cells and cell damage is measured. These testing methods can provide some information, since they use human tissue and data, but they still can not recreate an entire human system.

PRISM maintains there is no accurate method of pretesting substances to see if they are toxic to humans or not.

longer than American men. Cancer, heart disease, diabetes and many other degenerative diseases are on the rise. The U.S. ranks 17th in the world in infant mortality, 16th in the world in female life expectancy and 35th in the world in male life expectancy. Four million patients per year are hospitalized for side effects caused by the "thoroughly tested" drugs, and of those up to 500,000 die of the "cures", not the disease. Many sick people are not getting the treatment they need because money slated for patient care is being diverted to "research". After long animal studies, the drugs and technologies prove dangerous anyway, or don't live up to original expectations.

We must get away from the scapegoat "animal model" and study disease at the source because we already have the patients with their diseases arising from their own organism. Only after all attempts at modification of diets and lifestyles have been exhausted should we consider the use of drugs. If a drug is needed, it should be tested in a cell culture first, using the human cells of the target organ with the proposed medication. Once the effectiveness has been established in the cell culture, we can move on to human trials. With a humane and candid review of the risks and benefits involved in human trials of a new medication, researchers will receive the consent of the patient in most cases. There are many desperately ill people who are eager to enter experimental programs, but there are not enough of these programs, and lives are being lost.

In this manner the unexpected tragedies that arise from applying results from animals to humans can be avoided. But we must also never forget prevention, which should be the key to good health practices. Societies that are free from the disease in question should be studied for diets and life styles that promote health. Our science seems to be more taken up with studying disease than health, with what is abnormal rather than normal. Many cancers are caused by environmental and life style factors such as smoking, alcohol consumption, occupational related hazards, polluted environments and eating habits. Many of the so-called birth defects, which have risen 300% in 20 years, are not really birth defects, but the result of vaccine poisoning, dangerous prenatal diagnostic and treatment technology and polluted environments. Much evidence is accumulating showing that pregnant women living close to toxic dump sites have more babies with birth defects.

Social and economic conditions also have a great influence on the types of infectious or malnutrition-related diseases that affect so many people. We must stress that people take responsibility for their own health by correcting destructive lifestyles and diets and not to look to "medicrats" for easy solutions. They are often spokesmen for the drug-doctor-research special interests, whose aim is their own continued enrichment to the detriment of the medical consumer. We shouldn't rely on false animal models on which to dump our health problems. Stuffing rats with massive amounts of pesticides or lipstick in a short laboratory experiment can never equal the way chemicals in minute amounts interact over long periods of time in a human life. Nutritional studies on rats and other animals, which require greater amounts of protein than humans, can prove disastrous for people because excessive protein in the diet is responsible for much of the kidney disease we have today. Subjecting animals to unbearable psychological stress to determine how humans will react is totally illogical. There are enough humans in every conceivable stress situation to interview about their reactions and feelings.

You as a medical consumer must let your lawmakers and the scientific community know that you will no longer tolerate the bad science that comes from animal research. Write your lawmaker and demand that animals be replaced in biomedical research and

medicine chooses to "treat" symptoms rather than "heal", ignoring the body's wondrous ability to heal itself and is determined to protect its profit seeking ways rather than the interests of the patient.

IF WE TREAT HUMANS WITHOUT CONDUCTING ANIMAL TESTS FIRST, WOULDN'T THAT CONSTITUTE EXPERIMENTATION ON HUMANS?

No. Many scientists have criticized the use of animals as substitutes to study human diseases but they have been deliberately silenced or ignored by the drug-doctor-vivisection interests that profit from animal research. To quote some of those opposed, Dr. Doyen of Paris, France, has this to say:

"The tuberculosis of the guinea pig is not the tuberculosis of man, anymore than the cancer of the mouse is the cancer of man. Sacrificing hundreds of guinea pigs, I also, like so many other scientists, have demonstrated one thing only: that results obtained on animals are not remotely applicable to man."

And according to Dr. Paquet, formerly doctor-inspector of the Enfants Assiste de la Seine:

"Vivisection is useless for the study of medical science. It is also useless for the study of physiology, for, if we are today cognizant of the functions of the organs, it is through having treated them when injured. It is in the clinique and not in the vivisection room that we have learned the physiological role which each organ in the human body plays. In order to study the action of medicinal matters, would it for a moment enter into the head of a serious practitioner to imagine that what passes in the body of a healthy animal would be the same as in that of a sick person?"

Dr. E.D. Marshall in the *Journal of the American Medical Association:*

"Even when a drug has been subjected to a complete and adequate pharmacologic investigation on several species of animals and found to be relatively non-toxic, it is frequently found that such a drug may show unexpected toxic reactions in diseased human beings. This has been known almost since the birth of scientific pharmacology."

And Gianni Tamino, Italian researcher at the University of Padua, Italy's principal medical school:

"As a researcher I study metagenesis (a type of reproduction in which a series of generations of unlike forms comes between the egg and the parent type; alternation of generations) and cancerogenesis (the origin of cancer), two fields in which it is basically indispensable to experiment. So I know what I am talking about. And I say "No" to animal experimentation. Not only for ethical, but mainly for scientific reasons. It has been demonstrated that results from animal experiments are in no way applicable to human beings. There is a natural law connected with metabolism (the aggregate of all physical and chemical processes constantly taking place in living organisms), according to which a biochemical reaction that has been established for one species is valid only for that particular species and for no other. Oftentimes two closely related species like rat and mouse may react in a completely different way. One can conduct experiments with many other methods which offer three advantages: scientific reliability; time

saving (results obtainable with laboratory animals in six months can be obtained in two weeks with in vitro cells); lower costs. Then why does one continue experimenting with animals? This is to be explained first of all with mental and cultural backwardness. And further, because old fashioned laws prescribe animal experiments in order to obtain permission for the sale of medicines. The present law must be abolished. Animal experimentation is fallacious, useless, expensive and furthermore cruel."

So, no matter how many animal tests are done, the first two to three generations of people who use a new drug or medical technique are the real guinea pigs anyway because of the differences between us and animals. There's just no getting around it. The drug DES (stilboestrol) is an example of one that was thoroughly tested on animals and found safe. It caused vaginal cancers in daughters of women who took it to prevent miscarriage. Now it's showing up in the third generation, as grandchildren of the original users are being born with genital defects. Some other "thoroughly tested" drugs which caused injury and death include Thalidomide, Zomax, Accutane, Eraldin, Phenformin, Clofibrate, Feldene, Benedectin, to name just a few.

WHAT ARE THE DIFFERENCES THAT CREATE SUCH DIFFICULTIES?

They are the results of the differences in the five basic stages of action that a drug takes in a living organism that will determine how the drug will affect it - in other words, contribute to a biochemical environment unique to that species alone. The stages are: ABSORPTION into the bloodstream; DISTRIBUTION to the site of action; MECHANISM of action; METABOLISM and ELIMINATION. Any small change, repeated at any of the stages, can accumulate resulting in a major change of effect. One of the most important factors is the speed and pattern of metabolism, or the way in which a drug is broken down by the body. Scientific reports show that variation in drug metabolism between the species is the rule rather than the exception. Different pathways of metabolism also contribute to species variation. For example, amphetamines are metabolized by the same route in dogs and mice but by a different route in the rat and still by another in the guinea pig.

Toxic effects of drugs, not anticipated in animal tests, can be seen in people if their metabolism is slower or where they form its poisonous byproducts. The drugs phenylbutazone and oxyphenbutazone have caused many deaths in humans because it takes them much longer to metabolize these drugs. In humans it takes 72 hours for the body to break down half a dose of phenylbutazone, whereas in the rhesus monkey, dog, rat and rabbit the corresponding times are 8, 6, 6, and 3 hours respectively. For oxyphenbutazone it takes 72 hours for the body to break down half a dose, while it takes dogs only l/2 hour. The anti-arthritis drug Oraflex was withdrawn after causing death in a number of elderly patients because they were unable to eliminate the drug quickly enough. And many serious side effects can't be anticipated through animal tests that include allergic reactions, skin lesions, some blood disorders and many central nervous system effects. Nausea, headache, dizziness, amnesia and depression also escape notice in the lab.

Toxicity tests in various species don't necessarily predict the kinds of effects that will be observed in humans. Azauracil, a potential anti-cancer drug, was well tolerated by dogs and monkeys with no signs of toxicity to the nervous system. But at l/20th the dose, almost all patients developed central nervous system disorders including coma, lethargy, mental deterioration, twitching, muscle weakness and hallucinations. Mitoxantrone, another potential anti-cancer treatment, was tested on beagle dogs without side effects but caused heart failure and other side effects in humans.

Dr. Lawson Tait, a l9th century British surgeon, abandoned his experiments on animals after blaming them for forcing him to unlearn everything for application to humans, then devised the first successful surgeries for ovariotomy, hysterectomy, colecystectomy (gall bladder removal) and appendectomy. British surgeon R. C. Brock perfected a method without animals to relieve the "blue baby syndrome" (heart valve defect), yet ultimate credit went to Americans Blalock and Taussig, who credited their method to animal research, although it had to be replaced with Brock's when it was ineffective.

IF VIVISECTION HAS SO MANY DRAWBACKS, WHY DOES IT CONTINUE?

Special interest groups benefit from it for financial reasons, for further grants, for fame, to ensure job security and for legal alibis. Universities, hospitals and private laboratories will get a slice of the $l0 billion annual pie as long as they devise new animal experiments. Usable results aren't required, only proof that the experiment has been done. This perpetuates the endless animal studies wherein 75% of first grant requests are honored and, once on the rolls, are 90% renewable. By playing on the public's fear of Aids, Cancer and other diseases, vivisection can be promoted as the tool with which scientists will find solutions to human health problems.

Our school system brainwashes students by forcing them to dissect animals in biology classes and by rewarding their abuse in "science fairs". There is a carefully orchestrated, aggressive campaign through the media to link improvements in human health to vivisection. The public is programmed through the glorification of animal research in news programs and television documentaries that publicize "medical breakthroughs." The alleged "advances" touted by the media as being obtained through animal tests are little more than grotesque invasions and manipulations of the human body, or an exchange of diseases, that keep sick people artificially alive but not in better health.

Commercial businesses use animal tests to give the public a false sense of security about their products being "safety tested" on animals and to defend themselves against product liability suits. A whole industry also thrives on breeding animals and providing cages, food and surgical equipment for experiments. University professors and ambitious students use animal tests to publish their "findings" and further their careers. The media protects its advertisers, who use animal tests to clear their products for public use, by eliminating any criticism of the scientific validity and presenting the issue as a conflict between "animal rights" and human health, between science and emotion. Critics of animal research are routinely depicted as anti-science, irrational and as people haters, while the medical community goads the public into choosing between their babies and their dogs. Lawmakers, generously endowed with money by the vivisection lobby, legalize animal tests and provide billions of our tax dollars per year in government grants for more experiments. Regulatory agencies also promote animal research because they themselves are headed by the top executives of the businesses they're supposed to monitor.

WHAT DO YOU PROPOSE? ABOLITION OF ANIMAL RESEARCH? WHAT ARE THE ALTERNATIVES?

Yes, all vivisection should be abolished immediately. The alternatives to bad science and bad medicine are valid science and treatment of causes, not symptoms. For all the billions the U.S. spends on "research", are we really benefiting? We currently spend $l,388 annually per person per year, twice as much as in Japan, yet Japanese men live

slow the deterioration of muscular dystrophy; that Imipramine, an anti-depressant, prevents cocaine addiction; that Quinine, an antibiotic, can also lower the blood pressure. Clinicians were also the ones who discovered that anti-cancer drugs can depress the immune system, leading to their use to prevent tissue rejection after transplant surgery.

Laboratory researchers are fond of taking credit for the eradication of many of the infectious plagues that killed so many people worldwide through antibiotics and vaccines devised in the lab. But every medical historian has stated that these scourges had already been controlled through improvements in sanitation and lifestyles long before organized medicine stepped in. The link between the pancreas, high fat diets and diabetes was already known through the study of human autopsies and observations by doctors. Food scarcities during wartime caused the incidence of diabetes to drop, then to rise dramatically again in peacetime when food was plentiful. This had been observed long before Banting and Best's alleged insulin discoveries through dog experiments. It was also through studies of human autopsies that scientists made the link between plaque on the arteries and heart disease and between cigarette smoking and lung cancer. Autopsies were also responsible for the discovery of the abnormalities involved in congenital heart defects, multiple sclerosis and Alzheimer's disease and the viral infections in the brain that cause dementia shown by some AIDS victims.

WHAT ABOUT SURGERY? DON'T ASPIRING SURGEONS HAVE TO PRACTICE ON ANIMALS TO BECOME PROFICIENT? DON'T ANIMALS HAVE TO BE USED FOR EXPERIMENTAL SURGERY?

In England, practice surgery on animals has been outlawed for many years, yet that country produces some of the world's finest surgeons. To gain experience, first an aspiring surgeon should practice on human cadavers, then observe experienced surgeons at work on human patients. They can help out with simple operations, then progress to more complex cases as experience permits. Even the vivisection manuals caution medical students about applying surgical techniques from animals to humans. For example, J. Markowitz states in *Experimental Surgery:*

"The operative technique described in these pages is suitable for animals, usually dogs. However, it does not follow that it is equally and always suited for human beings. We refuse to allow the student the pretense that what he is doing is operating on a patient for the cure of an ailment."

Though the research community would like the public to believe that the use of animals is responsible for the breakthroughs in surgical methods, what really happens follows this typical pattern. In the effort to overcome heart disease, the heart of a human heart attack victim is studied during autopsy. An operation is then proposed to overcome the coronary artery blockage. Extensive animal experiments are then conducted in hopes of developing the surgical skill and in determining the feasibility of the operation on human patients. If the animal lives, a false sense of optimism develops and human trials are begun. Due to the variation in blood clotting and anatomical differences between animals and humans, the initial surgeries on humans result in a high frequency of deaths from the operation. Over time, as the surgeons perfect the operation on actual patients, mortality rates from the operation decrease. Surgeons initially claim that the operation will prolong life, but as time goes on it becomes clear that the operation still kills many patients, and in fact doesn't improve the ultimate survival of coronary artery disease in patients. The operation passes out of vogue and is replaced by another one which passes through the same stages of evolution.

DRUG DAMAGE NOT PREDICTED BY ANIMAL TESTS

DRUG	Human Beings	Animal Experiments
Eraldin (for heart disease)	Corneal damage including blindness	Not Predicted
Chloramphenicol (antibiotic)	Aplastic anemia, often fatal	Not Predicted
Ibufenac (for arthritis)	Deaths from liver damage	Not Predicted
Flosint (for arthritis)	Several deaths	Not Predicted
Zipeprol (cough suppressant)	Severe neurological symptoms at high doses --seizures & coma	Not Predicted

RATES (per hour) OF DRUG BREAKDOWN IN ANIMAL SPECIES THAT DETERMINE DANGER LEVELS

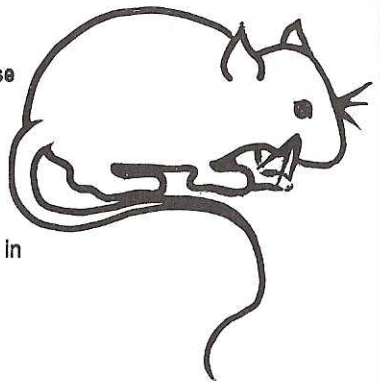
DRUG	Human	Rhesus Monkey	Dog	Mouse	Rat	Rabbit	Cat
Hexobarbital	6		4.3	0.3	2.3	1	
Meperidine (Demoral)	5.5	1.2	0.9				
Phenylbutazone (Butazolidin)	72	8	6		6	3	
Ethyl biscoumacetate (Tromexan)	2		21			2	
Antipyrine	12	1.8	1.7				
Digitoxin	216		14		18		60
Digotoxin	44		27		9		27

CAN *YOU* TELL

RODENTS (MICE/RATS)

(the most commonly used laboratory animals)

1. Plaque (fatty deposits) are deposited in the liver
2. 3-year life span requires massive doses for drug/product testing–more than humans will ever use
3. Imuran (immunosuppressive) causes birth defects in mice
4. Manufacture Vitamin C in their bodies
5. Lysodren (cancer chemotherapy) does not cause kidney damage in rodents
6. Continual pregnancy healthier for rodents
7. Hypersensitive to chlorine in minute doses
8. Manufacture Vitamin B in the appendix
9. Myambutol (TB antibiotic) causes birth defects in mice
10. Eliminate drugs from the body in 3 hours (faster elimination reduces drug danger)
11. Thymidine shrinks tumors in mice
12. Catapress (anti-hypertensive) causes retinal degeneration in rats
13. Can't tolerate more than 15 minutes of direct sunlight
14. Chloroform toxic to mice in minute doses
15. Obtain Vitamin D by licking their own fur
16. Moban (tranquilizer) causes breast tumors in mice
17. Specially bred for laboratory studies. Live in a controlled, sterile environment. Majority of diseases induced through genetic breeding (tumors and genetic defects), or from parasitic infections
18. Rats have no gall bladder - Digest fats differently
19. Require 3 1/2 times more protein than humans
20. Thalidomide (tranquilizer) does not cause birth defects in rats
21. Meclazine (for travel sickness) causes birth defects in rats
22. Coumarin (blood thinner) causes liver damage in rodents



one group of animals reacts the same way to a drug as humans do, then the results "correlate". But you won't be told about another group of animals that didn't react to the same drug, the same way as humans do. Out of this mass of contradictory data scientists can choose which ever statistic they desire to fit their preconceived theories.

"Living systems" is used to convince you that when a drug passes the "in vitro" (test tube) phase it must then be tried on some kind of "living system", meaning an animal model. But I refer you back to the previous data provided in this publication that discusses the biochemical and metabolic differences between each species of animals. Because of these differences, experimental results can't even be applied from one non-human animal species to another, much less to man.

The majority of drugs currently used aren't really new, but combinations of drugs already in use or ones in which very minor molecular changes have been made. The actions of these drugs have been known for a long time through human use. Feeding the information about drug combinations and molecular changes into computers will provide information on safety and effectiveness much more economically, precisely and quickly than drawn out animal experiments in which the obstacle of species variation cannot be overcome. *Researchers should adopt to twentieth century science and not cling to the outmoded but comfortable methods they hold so dearly.*

WHAT ABOUT ALL THE MEDICAL DISCOVERIES THAT SCIENTISTS CLAIM ARE THE RESULT OF VIVISECTION?

This is all part of the manipulation and rearrangement of facts used by the proponents of animal research to further their cause. In other words, he who yells the loudest gets the credit! Experimental scientists, who re-create disease in the laboratory, always have the edge in getting credit for breakthroughs because of their better contacts with the media. They enjoy the glamour of rushing their preliminary and misleading experimental data obtained on animals into the limelight, while the day to day discoveries of the physicians, whose observations of their patients provide the real foundation for medical data, are usually ignored. Experimental scientists also claim credit for the discovery of treatments that were originally folk medicines discovered thousands of years ago by common people the world over before organized medical science existed. Some of these remedies include Digitalis for the control of heart disease; Quinine, an anti-malarial agent; Aspirin, for the control of pain and fever; Penicillin, for infections, which has been found in its original mold form in Egyptian tombs (and rediscovered by a bacteriologist without the use of animals); many pain killers which derive from opiates, lithium compounds, used for centuries for the treatment of melancholia, and iodine, used by the ancient Chinese as an antiseptic, to name only a few. Drug companies only mass marketed them in a synthetically altered form after they had already developed their reputation for medicinal properties through extensive use by common people the world over.

Today pharmaceutical companies still don't really discover new drugs, but adopt and mass market roots, herbs and weeds that are already being used in different parts of the world. One example is an old African remedy for the treatment of male impotence that is currently being advertised on television. Experimentalists also take credit for the discovery of multiple uses for a drug, while it is the clinical practitioners who discovered that drugs being given for one ailment could at the same time alleviate another. It was clinicians who discovered, for example, that Minoxodil, a drug taken by patients to relieve high blood pressure, also made their hair grow; that Vitamin B6, a food supplement, can be used for the relief of asthma; that Mazindol, a diet pill, can

medical system is satisfied with treating symptoms endlessly. This ensures our continued dependence on it and diverts us from taking responsibility for our own health.

We are lured with dazzling technologies and the promise of quick fixes which encourage us to continue our destructive lifestyles with the assurance that technology will "fix us up" when something goes wrong. And every carrot science dangles before us as the long awaited cure for the dread disease obtained "through animal experiments" ends up only covering up symptoms, or worse, causing new diseases for which ever new drugs must be found to counteract the evil effects of the previous ones. This is the pattern in the boom and bust cycle of the life of a new drug: first, the media orgy to announce it, then the high expectations, the deaths and lawsuits and finally, removal from the marketplace and the search for a new drug.

Hippocrates, the ancient physician who we in the medical profession are so fond of quoting, stated that nature is the great healer, yet our medicines get in its way. Our medicines wage a war against the human body and against nature. While the overburdened body craves the removal of the poisons that made it sick in the first place so that nature can heal, medical men further pollute it with dangerous drugs. It's a tribute to the human body that it heals in spite of the poisons forced down it rather than because of them.

ARE YOU SAYING THAT VIVISECTION HASN'T CONTRIBUTED ANYTHING TO HUMAN HEALTH?

I'm not denying that millions of animals were used in research, but I question seriously the information obtained from their use. Aside from species variation in response which is impossible to overcome, there are also so many other variables that can affect a laboratory experiment with animals that different results can be obtained with the same experiment when it's repeated. These variables caused failure in an experiment that was repeated a second time, prompting German researcher Herr P. Mueller to blow the whistle on his superiors after he was instructed to inject 70 rats with a drug in order to induce seizures and dispose of them in order to cover up an experiment that contradicted the results of the previous one. Factors such as who handles the animals, types of food given, how they're housed, cage mates and even the time of day or year can lead to frustrating inconsistencies.

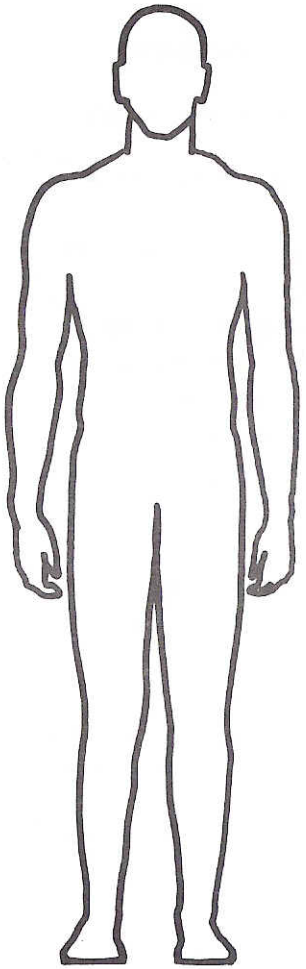
Poor results with animal studies have delayed lifesaving techniques from being used or caused confusion until doctors decided to overlook the experiments and try the procedures on people anyway. Alpha-methyldopa, used to lower blood pressure in humans, failed in animal experiments. Nitroglycerin, used to treat chest pain in heart disease, was originally thought to lower the blood pressure because of animal experiments. It doesn't lower the blood pressure in humans but widens their arteries, permitting the blood to flow. Positive Pressure Ventilation (blowing air into the lungs to keep them inflated during surgery) was held back because of Dr. Ferdinand Sauerbrach's experiments on animals, but was tried by Dr. George Fell, who used the technique successfully on humans.

Currently, attempts to mimic human heart attacks and high blood pressure in animal studies are hampered because in humans, high blood pressure is caused by a gradual narrowing of the arteries. But if the disease can only be induced artificially in animals by tying off portions of blood vessels, then it isn't the same as a human disease.

Don't be misled by buzz words used to try to convince you that animals are the appropriate models for testing drugs for human usage. You will often hear the words "correlations" and "living systems". "Correlations" are used to make you believe that if

THE DIFFERENCE?

HUMANS



1. Plaque (fatty deposits) are deposited in the blood vessels (leading to stroke and heart disease)
2. 72+ life span and consume drugs and chemicals in minute doses over a lifetime
3. Imuran does not cause birth defects in humans
4. Can only obtain Vitamin C through the diet
5. Lysodren causes kidney damage in humans
6. Continual pregnancy in humans leads to nutritional depletion and disease
7. Can stand chlorine in much larger doses.
8. Manufacture Vitamin B in the liver
9. Myambutol does not cause birth defects in humans
10. Eliminate drugs in 72 hours. Increases danger of drugs in the aged
11. Thymidine does not shrink tumors in humans
12. Catapress does not cause retinal degeneration in humans
13. Can tolerate direct sunlight for much longer periods
14. Humans can stand chloroform in much larger doses
15. Obtain Vitamin D through the diet
16. Moban does not cause breast tumors in humans
17. Humans come from a wide variety of genetic, environmental and lifestyle backgrounds, all unpredictable. Environment, diet and lifestyles responsible for most human diseases
18. Humans have a gall bladder. Digest fats differently
19. Excess protein responsible for kidney damage in humans
20. Thalidomide causes birth defects in humans
21. Meclazine does not cause birth defects in humans
22. Coumarin does not cause liver damage in humans

SOME "THOROUGHLY TESTED" DRUGS THAT INJURED AND KILLED

Phenacetin (pain killer) - caused kidney and red blood cell damage

Amydopyrine (pain killer) - caused blood disease

Reserpine (anti-hypertensive) - increased risks of cancer, caused nightmares and depression

Methotrexate (leukemia and psoriasis) - caused intestinal hemorrhage, anemia, tumors

Urethane (leukemia) - caused cancer of liver, lungs and bone marrow

Mitotane (leukemia) - caused kidney damage

Cyclophosphamide (cancer and transplants) - caused liver, lung damage

Isoniazid (tuberculosis) - caused liver destruction

Kanamycin (tuberculosis) - caused deafness and kidney destruction

Chlormycetin (typhoid) - caused leukemia, cardiovascular collapse, death

Clioquinol (diarrhea) - caused blindness, paralysis and death

Thalidomide (tranquilizer) - caused birth defects, fetal deaths

DES (prevent miscarriage) - caused birth defects, cancer

Paracetamol (painkiller) - caused users to be hospitalized

MEL 29 (anti-hypertensive) - caused cataracts

Methaqualone (tranquilizer) - caused severe mental disturbances

Isopreterenol (asthma) - caused death

Trilergen (anti-allergic) - caused viral hepatitis

Flamamil (rheumatism) - caused loss of consciousness

Eraldin (heart medication) - caused severe eye and digestive tract damage

Phenformin (diabetes) - caused 1,000 deaths annually until removed from the market place.

Atromid S (cholesterol) - caused deaths from cancer, liver, gall bladder and intestinal disease

Valium (tranquilizer) - addictive in moderate doses

Maxiton (diet pills) - caused damage to heart and nervous system

Nembutol (insomnia) - caused insomnia

Plaxin & Pronap (tranquilizer) - killed many babies

E Ferol (vitamin) - killed premature babies

Accutane (acne) - caused birth defects

ARE YOU SAYING THAT ANIMAL RESEARCH CAN ACTUALLY RETARD SCIENTIFIC PROGRESS?

Precisely. Just listen to the warnings veterinarians give humans about not giving medications prescribed for them to their pets. Aspirin and Tylenol can kill cats; laxatives cause illness in animals; Advil and Motrin can lead to severe gastric problems in dogs; sedatives for humans can cause cats to become over excited; Dristan can be harmful to cats; eyedrops can lead to blindness in animals; and PCP, which drives humans to a frenzy, is a horse tranquilizer! And medications prescribed for pets warn their owners: FOR VETERINARY USE ONLY.

But many drugs considered deadly for humans can be tolerated in great quantities by many animals. For example, two grams of scopolamine, a tranquilizer, can kill a human but dogs and cats can stand hundred times higher dosages. A single poisonous mushroom can wipe out a human family but is safe for the rabbit. A porcupine can consume opium and prussic acid in amounts that would make a room full of people sick, and sheep can swallow enormous amounts of arsenic, once the murderer's favorite poison. These erratic variations in response can prevent a life saving medication from being used because it isn't safe for animals in the lab and clear a killer drug for human use because it is. So if penicillin had been tested on guinea pigs first, which it kills, we might not have this drug today. World famous hypertension expert, Dr. Franz Gross doubts that the action of the major anti-hypertension drugs would have been detected from animal studies, had they been done first. The actions had actually been discovered on humans while being treated for a completely different ailment.

Scientist Robert Koch thought he had the perfect cure for tuberculosis when he successfully tested his Tuberkulin on guinea pigs. Yet it caused the disease in humans. But cycloserine, which is used to treat tuberculosis, was almost discarded because it didn't work on animals in the lab. Digitalis, used for the control of heart disease in humans, dangerously raises the blood pressure in dogs. And the cage ball valve, which was tested on dogs as a replacement for damaged human heart valves, was almost discarded because it killed so many of them in the lab, yet it has saved many human lives.

Throughout history observations on animals have had disastrous results for humans. The ancient physician Galen was responsible for the deaths of thousands of women from infection during childbirth because his observations that animals could give birth in unsanitary conditions were taken seriously. He also gravely misled anatomists and physiologists because they believed in the false information garnered from his animal dissections. Successful inter-species blood transfusions between animals led scientists to try them on humans before blood typing was discovered, leading to numerous deaths.

DOES THAT MEAN WE SHOULDN'T USE DRUGS OR MEDICAL TECHNIQUES FIRST TESTED ON ANIMALS?

The public should be very wary about what it allows itself to consume. Only after long periods of human use is the true danger or effectiveness of a drug going to be known. But we could also cut the use of drugs and be the healthier for it. In the end, the practice of medicine is only a business for doctors, hospitals, drug companies and the research industry. Along the lines each benefits from the drug and technology oriented treatment of disease after it has occurred. Let's prevent and cure disease through improvements in diet and lifestyles and the elimination of environmental toxins that shorten human life. In the contest between profits of the medical/industrial complex and the health of the patient, the patient is always the loser because our